

<b>Case Number:</b>	CM15-0007622		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 32-year-old male who reported an injury on 06/22/2012 due to an unspecified mechanism of injury. On 11/17/2014, he presented for a followup evaluation complaining of pain in the right wrist, thumb, and forearm. He rated this pain at 6/10 and noted it to be a shock like sensation that radiated down to the forearm and into the 4th and 5th digits. A physical examination showed full range of motion of the elbow and wrist. There was full opposability between the thumb and each other digit of the hand. However, it was noted with range of motion he complained of numbness and tingling radiating into the 4th and 5th digits. There was mild edema noted at the medial aspect above the elbow. He was diagnosed with de Quervain's syndrome on the right, carpal tunnel release, ganglion cyst removal, right arthrofibrosis, and right upper extremity paresthesias. The treatment plan was for a followup office visit with orthopedic surgeon. The rationale for the treatment plan was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Follow-up Office Visit Orthopedic surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Forearm, Wrist & Hand, Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

**Decision rationale:** The Official Disability Guidelines indicate that office visits should be determined based on the injured worker's signs and symptoms, physical examination findings, and clinical stability. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the wrist and was experiencing numbness into the 4th and 5th digits with range of motion. However, there is a lack of documentation stating a clear rationale for the medical necessity of an additional office visit with an orthopedic surgeon. There is no documentation showing that the injured worker has any significant functional deficits or that he is taking any medications that require routine monitoring. Therefore, the request for a followup with an orthopedic surgeon would not be supported. As such, the request is not medically necessary.